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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF BURNS.—The *New York Medical Journal*, quoting from a German journal, says: Renner recommends as a dressing for burns of every degree a powder consisting of one part of bismuth subnitrate and two parts of kaolin. The burned area is first thoroughly cleaned, then thickly powdered and bandaged with sterile gauze. The thorough drying of the area and the absence of infection are the chief virtues of the treatment, while the formation of bullæ is almost entirely prevented. The author's results have been most excellent.

TREATMENT OF CHILDREN WITH SCARLET FEVER.—The *New York Medical Journal* in an abstract from a German contemporary, says: Oppenheimer protests against the use of baths and cold packs, and against the administration of meat, meat broths, and eggs, in cases of scarlet fever as predisposing to renal troubles. He alleges that during the eighteen years he has been in practice he has treated over 150 cases of scarlet fever, seen every imaginable kind of complication, lost three cases by death, but has never had a case of inflammation of the kidneys.

HEREDITY IN CANCER.—Dr. Lapthorne Smith, of Montreal, in an article in the *New York Medical Journal*, attacks the theory of heredity as a factor in the production of cancer and asserts that it is purely a contagious disease. He says it is absolutely local in the beginning and should be removed at the earliest possible moment after its presence is suspected. A room or a house vacated by a cancer case should be most carefully disinfected before being occupied again. People may be exposed to the contagion many times without contracting the disease because their cells are in good condition and able to destroy or resist the amœbæ. Because cancer is believed to be hereditary no precautions are taken towards stamping it out, while consumption is recognized as contagious and is being rapidly stamped out.

CREOSOTE INHALATIONS IN TUBERCULOSIS.—In an article in the *American Journal of the Medical Sciences* Dr. Beverley Robinson strongly recommends the use of inhalations of creosote in laryngeal and pulmonary tuberculosis. The inhalations are given by means of a zinc mask, perforated, worn continuously, the pad being moistened with beechwood creosote and alcohol, to which, when there is much irritative cough, a little spirits of chloroform is added. Even if the vapor does not reach the lungs through the inspired air it may do so through the blood circulation. The stomach, already burdened with an excess of food, is relieved of the task of disposing of it and, theory to the contrary notwithstanding, it may reach the lung more directly if inhaled. Dr. Robinson says after an experience of twenty-five years with this method he knows of absolutely no other means which will afford anything like the same amount of relief to symptoms and hasten and promote cure to the same degree.

RECUMBENCY IN CONVALESCENCE.—C. C. Frederick advocates, in the *Journal of the American Medical Association*, keeping patients in bed after abdominal operations for a longer time than is now advised by many operators. With the exception of appendectomies, not acute, he would say that no patient after abdominal section ought to be allowed to be up before the lapse of from sixteen to eighteen days. The reasons he gives are the incompleteness of union before that time with the consequent greater risk of hernia, and the need of such a period of rest in the usually debilitated state of the patient. Since following this rule he has not had 1 per cent. of hernia in his abdominal cases, and, while the use of the buried suture has contributed, he lays this success largely to the longer recumbency. Of course, in a person operated on in full vigorous health the second reason does not apply to the same extent, but the danger of hernia is still present.

SOME LESSONS FROM ANCIENT FRACTURES.—The *Medical Record*, quoting from the *British Medical Journal*, says: Frederic Wood Jones reports on a collection of two hundred cases of bones that have been broken in ancient times and have healed. These fractures were collected from a series of upwards of six thousand bodies buried in the Nubia that lies between Sheilal and Demhid and they are from representatives of all periods between the early predynastic times (the earliest period from which human remains have come down to us, circa 4000 B.C.) and the

Christian era, until about the fifth century after Christ. They therefore cover a period of history of the human race of considerably over four thousand years. The most striking difference is seen in the figures relating to the fractures of the patella, and of the tibia and fibula. All fractures below the knee were very rare. The reason probably is that these people went barefooted, and lived at a time when there were no stairs, curbstones, or pavements. Fractures of the foot probably owed their rarity to the fact that wheeled traffic was absent. The two fractures that were notably more common in ancient Nubia were those of the forearm and of the clavicle. This was probably due to the use of the "naboot," a long stick, the Nubian's constant companion. The results of union of bone shown in their series are quite as good as those obtained by the surgical treatment to-day.

RIGHTHANDEDNESS AND LEFTHANDEDNESS.—The *Medical Record* in reviewing Dr. George M. Gould's work on this subject says: In this collection of essays, previously published for the most part in the *Popular Science Monthly* and various medical journals, Dr. Gould deals in his usual interesting way with the causes and the consequences of righthandedness. The origin of righthandedness is referred to the dominance of the right eye in vision. The preference of the right hand in operations requiring special skill is shown to be due to the fact that such operations at first must be directed by the eye, and if the right eye is the stronger it must insist upon the more delicate movements being made by the hand under its direct guidance. Further, the development of sign language and of written language, the first chiefly and the second entirely carried out by means of the right hand, under the control of the dominant right eye, determined the location of the speech centre in the left brain, and in consequence the acts performed in response to a command are naturally controlled by the brain centres nearest to the speech centre. Even the apparent exceptions to this dependence of righthandedness upon right-eyedness really prove the rule. In violin playing, for example, the more difficult fingering is done by the left hand, but this is because the right eye can guide the fingers of the learner better, for if the fingering was done with the right hand, the foreshortening occurring as the right eye glanced along the neck of the instrument would handicap one seriously. This is the theory briefly stated, but one must read the argument as developed by the author in order to follow it understandingly. It is the most satisfactory explanation of the dominance of the right hand that has ever been offered.